

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

0005317

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

176

STATE FILE NUMBER

FILED FEB 17 1964

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph,	
Length of stay in 1b since 1936		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Meth Hosp & Med Center		d. STREET ADDRESS (If outside, give location) 722 North 10th Street	
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR LAWRENCE RILEY		4. DATE OF DEATH Month Day Year February 10, 1964	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 13, 1911
9. AGE (last birthday) 52		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		10b. KIND OF BUSINESS OR INDUSTRY Insurance Sales man	
11. BIRTHPLACE (City and state or country) Skidmore, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Martin Riley		13b. MOTHER'S MAIDEN NAME Bessie McLaughlin	
14. NAME OF HUSBAND OR WIFE Lena B. Riley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. # II	
16. SOCIAL SECURITY NO. 7		17. INFORMANT Mrs. Lena B. Riley-St. Joseph, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction DUE TO (b) Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH once months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Had drinking wet on traces St when accident occurred -	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 10:45 Feb 10-64	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 9th + Jasper St	20f. CITY, TOWN, OR LOCATION St Joseph
20g. COUNTY Buchanan		20h. STATE MO	
21. I attended the deceased from viewed body and last saw him alive on Feb 10-64		Death occurred at 10:45 AM a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) S. E. Meluney M.D. Coroner		22b. ADDRESS 214 N. Kirkpatrick St Joseph, Mo	
22c. DATE SIGNED Feb. 12, 1964		22d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 12, 1964	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 14, 1964	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

S. E. Meluney M.D. CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

ITEM NO.

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Permit valid 2-11-64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student: _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4679

P. O. Address 51 Joseph Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.